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Atty Docket No. 20174C-002410US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Lisa V. Cook

Group Art Unit 1641

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CERTIFICATION OF FACSIMILE TRANSMISSION

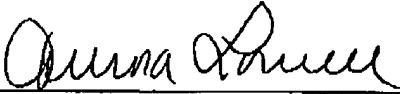
I hereby certify that the following documents in re Application of Shulamit Eyal et al., Application No. 09/970,453, filed October 2, 2001 for VELOCITY INDEPENDENT ANALYTE CHARACTERIZATION are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form (1 page);
2. Petition for Extension of Time Under 37 CFR 1.136(a); and
3. Amendment (5 pages).

Number of pages being transmitted, including this page: 8

Dated: January 27, 2006


Aurora Lowell, Assistant to
Milan M. Vinnola, Reg. No. 45,979

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/970,453	
	Filing Date	October 2, 2001	
	First Named Inventor	Eyal, Shulamit	
	Art Unit	1641	
	Examiner Name	Lisa V. Cook	
Total Number of Pages In This Submission	7	Attorney Docket Number	20174C-002410US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Townsend and Townsend and Crew LLP	
Signature	<i>Milan M. Vinnola</i>	
Printed name	Milan M. Vinnola	
Date	January 27, 2006	Reg. No. 45,979

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on January 27, 2006.			
Signature	<i>Aurora Lowell</i>		
Typed or printed name	Aurora Lowell	Date	January 27, 2006

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